

Employee ID	917776	Name	Shinjini Shinjini
Email ID	Shinjini.Shinjini@concentrix.com	Control ID	
Mobile Number	9643967636	Location	Building 14 5th floor

SECTION A: DEDUCTION FROM GROSS TOTAL INCOME(SECTION 80C & 80CCC)

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	UNIT LINKED INSURANCE PLAN (ULIP)		0	0.00	0.00	0.00	
(2)	CHILDREN TUTION FEE		0	0.00	0.00	0.00	
(3)	5 YEARS FIXED DEPOSIT		0	0.00	0.00	0.00	
(4)	PRINCIPAL REPAYMENT OF HOUSING LOAN		0	0.00	0.00	0.00	
(5)	NATIONAL SAVING CERTIFICATE (NSC)		0	0.00	0.00	0.00	
(6)	INTEREST ON NATIONAL SAVING CERTIFICATE (NSC)		0	0.00	0.00	0.00	
(7)	INFRASTRUCTURE BONDS		0	0.00	0.00	0.00	
(8)	INVESTMENT UNDER PENSION SCHEME (80CCC)		0	0.00	0.00	0.00	
(9)	LIFE INSURANCE PREMIUM (LIC/OTHERS)		0	0.00	0.00	0.00	
(10)	MUTUAL FUNDS		0	0.00	0.00	0.00	
(11)	SUKANYA SAMRIDHI ACCOUNT SCHEME		0	0.00	0.00	0.00	
(12)	NATIONAL SAVINGS SCHEME (NSS)		0	0.00	0.00	0.00	
(13)	PUBLIC PROVIDENT FUND (PPF)		0	0.00	0.00	0.00	
(14)	ANY OTHER INVESTMENT U/S 80C (Pl give deatil of Investment)		0	0.00	0.00	0.00	

SECTION B: DEDUCTION FROM GROSS TOTAL INCOME(OTHER SECTIONS)

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	INTEREST ON EDUCATION LOAN REPAYMENT - SEC 80 E		0	0.00	0.00	0.00	
(2)	HANDICAPPED DEPENDENTS EXPENSES - SEC 80 DD		0	0.00	0.00	0.00	
(3)	MEDICLAIM POLICY - SEC 80 D (If you have taken mediclaim policy through Company and premium has been deducted from your salary then there is no need to declare the same here)		0	0.00	0.00	0.00	
(4)	MEDICAL EXPENSES - CHRONIC DESEASES - SEC 80DDB		0	0.00	0.00	0.00	
(5)	PERMANENT PHYSICAL DISABILITY - SEC 80 U		0	0.00	0.00	0.00	

SECTION C: HOUSE PROPERTY DETAILS

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	ANY OTHER INCOME		0	0.00	0.00	0.00	
(2)	LOSS (INTEREST ON HOUSING LOAN) ON HOUSE PROPERTY1	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(3)	LOSS (INTEREST ON HOUSING LOAN) ON HOUSE PROPERTY2	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(4)	LOSS (INTEREST ON HOUSING LOAN) ON HOUSE PROPERTY3	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(5)	LOSS (INTEREST ON HOUSING LOAN) ON HOUSE PROPERTY4	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(6)	INCOME FROM HOUSE PROPERTY1	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(7)	INCOME FROM HOUSE PROPERTY2	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(8)	INCOME FROM HOUSE PROPERTY3	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	
(9)	INCOME FROM HOUSE PROPERTY4	Lender Name: Lender PAN: Lender Address:	0	0.00	0.00	0.00	

SECTION D: HOUSE RENT PAYMENT DETAILS

SL#	Month	Landlord PAN	Particulars (Pl mention the name of city, this is mandatory)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	APRIL-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(2)	MAY-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(3)	JUNE-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(4)	JULY-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(5)	AUGUST-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(6)	SEPTEMBER-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(7)	OCTOBER-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(8)	NOVEMBER-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(9)	DECEMBER-16	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(10)	JANUARY-17	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(11)	FEBRUARY-17	Not Applicable	Delhi	1	8,000.00	0.00	0.00	
(12)	MARCH-17	Not Applicable	Delhi	1	8,000.00	0.00	0.00	

SECTION E: OTHERS (PREVIOUS EMPLOYMENT INCOME-FROM 1st April, 2016 ONWARDS)

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	PREVIOUS EMPLOYMENT SALARY INCOME		0	0.00	0.00	0.00	
(2)	PREVIOUS EMPLOYMENT PF DEDUCTED		0	0.00	0.00	0.00	
(3)	PREVIOUS EMPLOYMENT INCOME TAX DEDUCTED		0	0.00	0.00	0.00	
(4)	PREVIOUS EMPLOYMENT PROFESSIONAL TAX DEDUCTED		0	0.00	0.00	0.00	

SECTION F: EQUITY SAVINGS SCHEMES(80CCG)

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	EQUITY SAVINGS SCHEMES		0	0.00	0.00	0.00	

SECTION G: New Pension Scheme (80CCD)

SL#	Item Description	Particulars (Pl give details, this is optional)	Total No of Docs Attached	Total Amt (INR) (To be filled by employee)	Approved Total Amt (INR) (To be filled by Payroll)	Rejected Amt (INR) (To be filled by Payroll)	Remarks (To be filled by Payroll)
(1)	New Pension Scheme (80CCD)		0	0.00	0.00	0.00	

DECLARATION

I hereby declare that what is stated above is true to the best of my knowledge and belief. I am submitting copies of savings/investments as proof of the above given declaration. I further certify that I shall indemnify the company for any tax, interest or penalty which may arise due to wrong declaration or non fulfilment of the declaration/proofs submitted by me.

DATE & TIME: 3/1/2017 4:33PM

EMPLOYEE SIGNATURE: